

Name
in
Full

Harriet M Adams

CERTIFICATE OF DEATH

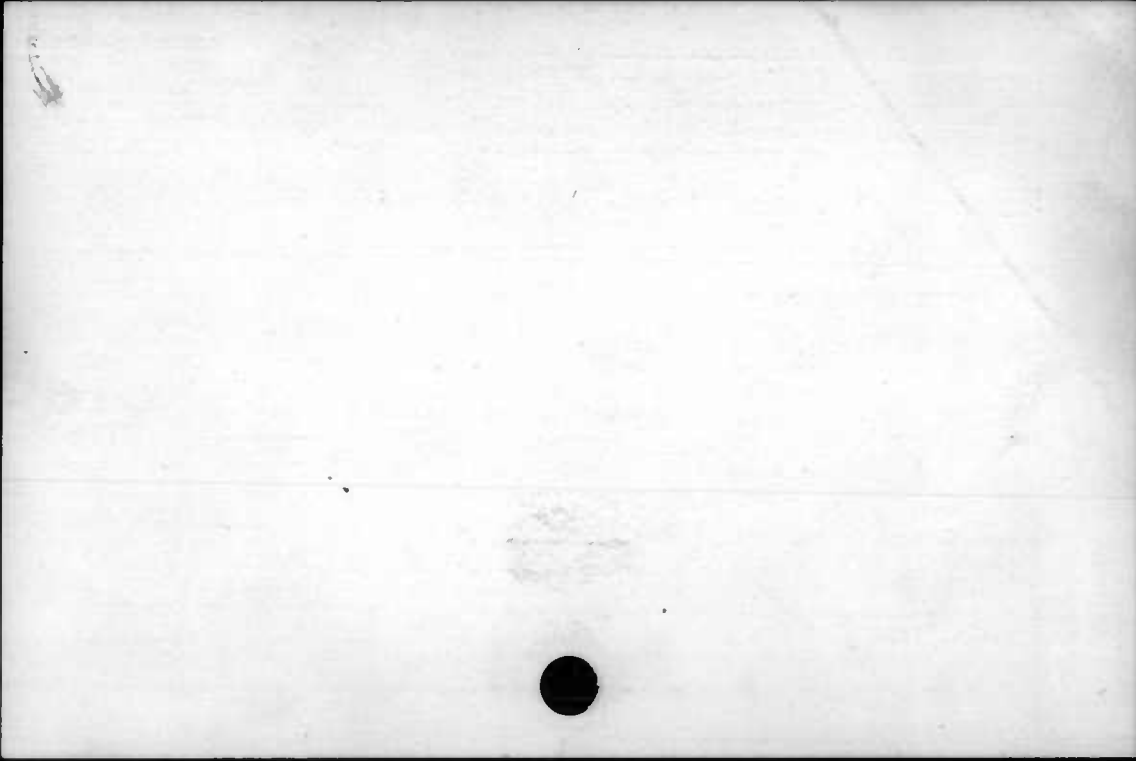
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1905	Month	Oct	Day	24	Years	Age 66
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Berne, Albany Co, N.Y.</i>		Months	Days
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death		<i>Harriet E Adams</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Daniel M Adams</i>		
Father's Name	<i>Robert - Adams</i>				Father's Birthplace	<i>Berne, Albany Co, N.Y.</i>	
Mother's Maiden Name	<i>Prudence P Davis</i>				Mother's Birthplace	<i>Berne, Albany Co, N.Y.</i>	
Name of person giving information	<i>Harriet E Adams</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>Several Years</i>
Immediate	<i>Results of injury</i>		How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Chas. W. Wainwright</i>
			Address	<i>Princess Anne Md.</i>
Accident or Suicide?				



Name In Full

Certificate of Death

70

John Baptin

Town

County

Died at

Dublin

Somerset

MARYLAND

Date 1905:

Month

Day

Y.

M.

D.

Native of

Va.

Occupation

Oct.

16.

Age

85-00

Richmond

Farmer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Hannah Baptin

Father's

Mother's

Name

Rheuben Baptin

Maiden Name

Betty Baptin

Cause of

Primary

Old Age.

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. M. Carter M. D.

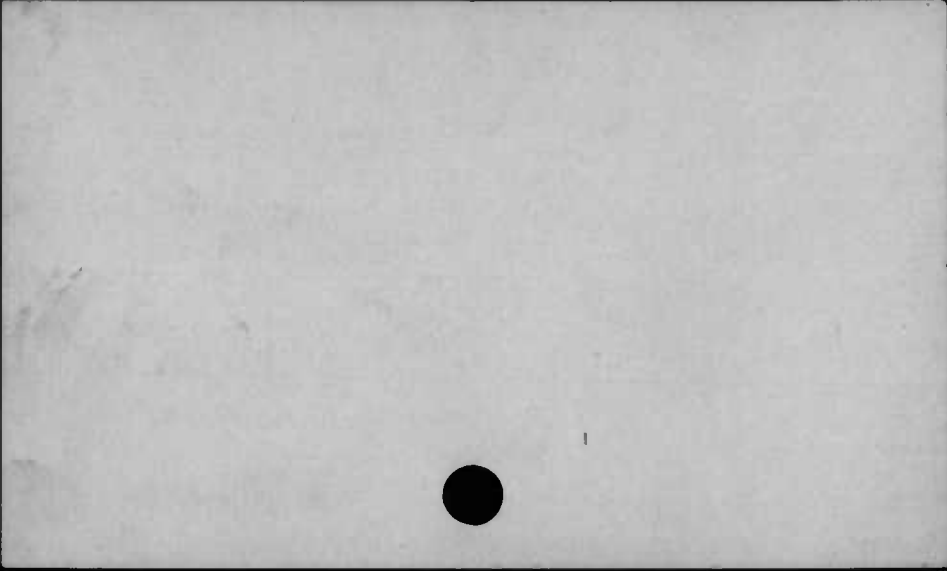
Address

Pocomoke

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805



Name in Full

Certificate of Death

Died at *William Alfred Burton*
 Town *Tull's Corner* County *Somerset* MARYLAND
 Date *1905* Month *Oct.* Day *21* Age *—* Y. *6* M. *1* D. *Somerset Co* Native of
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced
 Female ☐ Colored ☐ Single ☒ Widower ☒ Number of children living

Husband of

Wife

 Father's
Name

 Mother's
Name

Cause of

Primary

Death

Immediate

Mal-nutrition

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

*Wm Clark -
in Louisa, S.W.*
Died at *Deal's Island* Town *Somerset* County *Somerset*

CERTIFICATE OF DEATH

MARYLAND

Date of death *1901* Month *Oct.* Day *15* Age *30* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Welder* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo B Warner Coroner
Address *and Justice of the Peace
Deal's Island Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I have waited to ascertain
the Name of the Deed,
and find his Name
was

William Clark

by Geo W. Horner

Name
in
Full

Nolan Dixon

CERTIFICATE OF DEATH

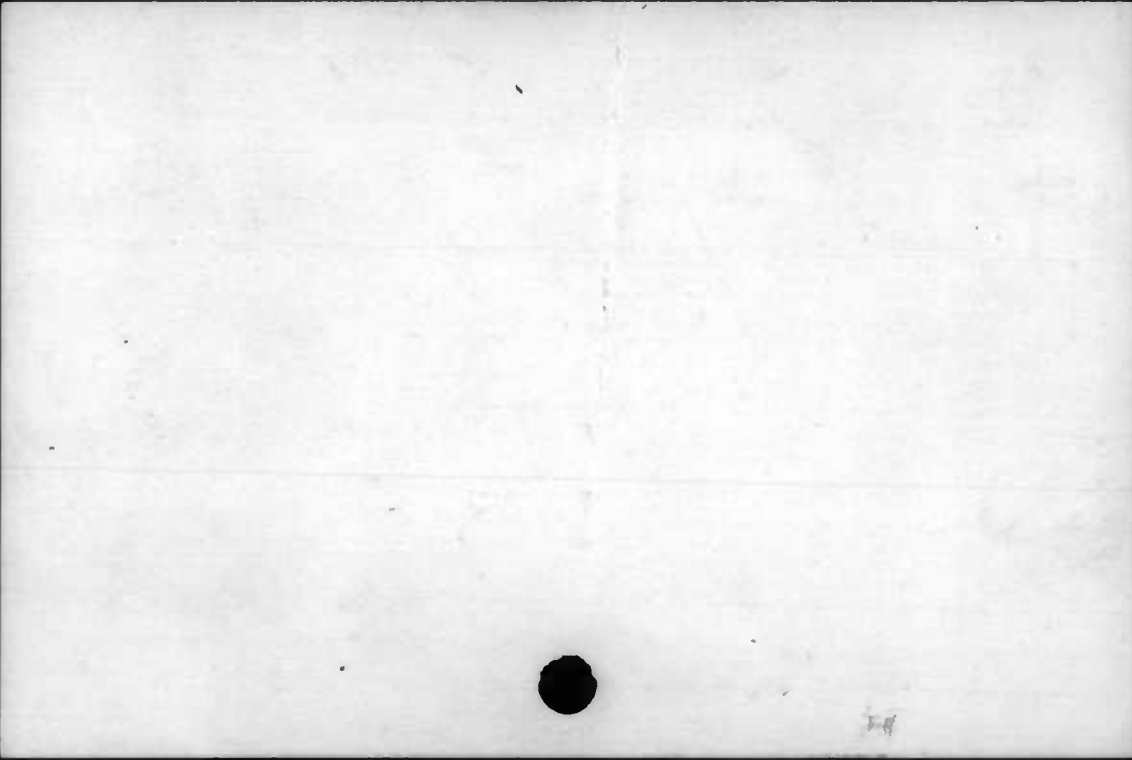
TO BE ANSWERED BY
NEAREST FRIEND

Died at Edwin ^{Town}		Somerset ^{County}		MARYLAND	
Date of death 1905 ^{Month} Oct ^{Day} 15 ^{Age} 1 ^{Years} 1 ^{Months} 12 ^{Days}		Sex Male		Color or Race Black	
Occupation		Birth-place Edwin		Where Residing if not at place of death	
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name James Dixon		Father's Birthplace Somerset Co			
Mother's Maiden Name Rosetta Brittingham		Mother's Birthplace Edwin			
Name of person giving information James Dixon		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dropsy	How long 2 months
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician V. G. E. Dickinson
	Address Upper Fairmount
Accident or Suicide?	



Name
in
Full

Mary Folkes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>P Anne</i>		County <i>Comusset</i>		MARYLAND	
Date of death		1905	Month <i>Oct</i>	Day <i>22</i>	Age	Years	Months
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>P Anne</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, <u>Single</u>		Name of Wife or Husband <i>John Folkes</i>					
Father's Name <i>John Morris</i>		Father's Birthplace <i>P Anne</i>					
Mother's Maiden Name <i>Agness Morris</i>		Mother's Birthplace					
Name of person giving information <i>John Folkes</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Unknown</i>
Immediate <i>Unknown</i>	How long

Are the name, age, sex, color, date and place correctly given above?

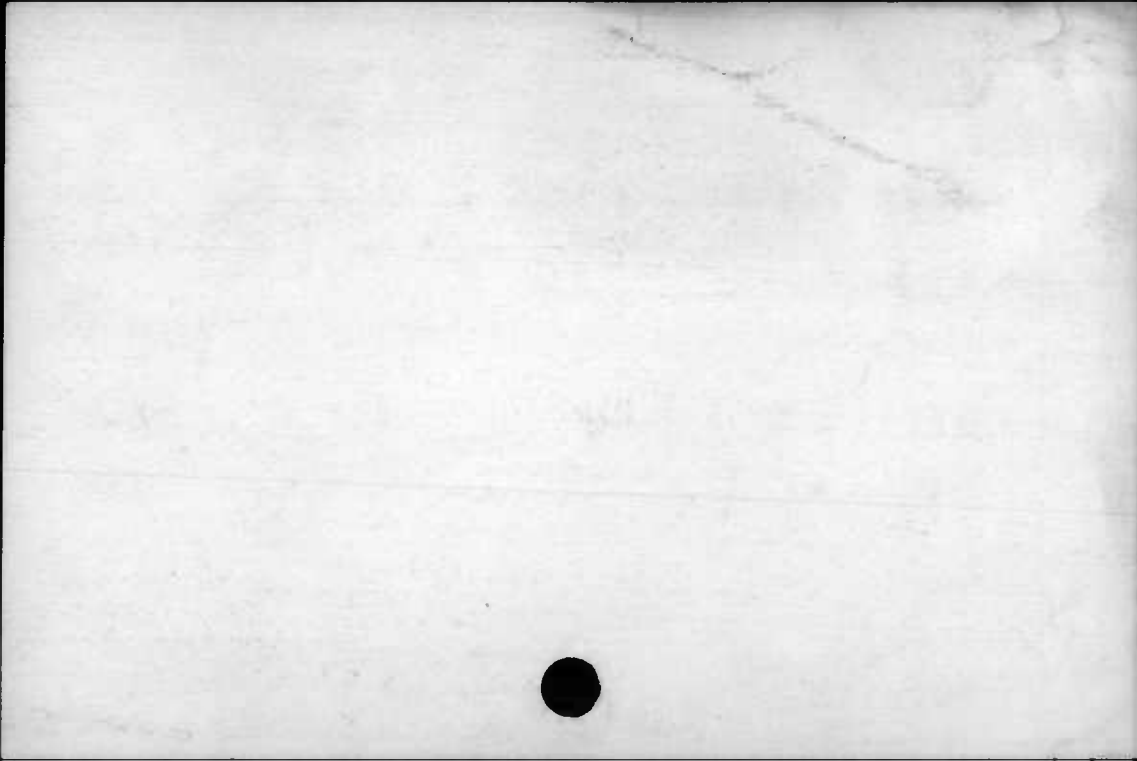
Yes

Signature of Physician

Address

*Chas. Fisher M.D.**Francis Anne, Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hurry to Paul

Died at *Taugus* Town *Somerset* County MARYLAND

Date of death *1905 Oct. 16th* Age *5-6* Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *by steam man* Where Residing if not at place of death *Phila, Pa.*

Married, Single or Widowed *-* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Albert Jones* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

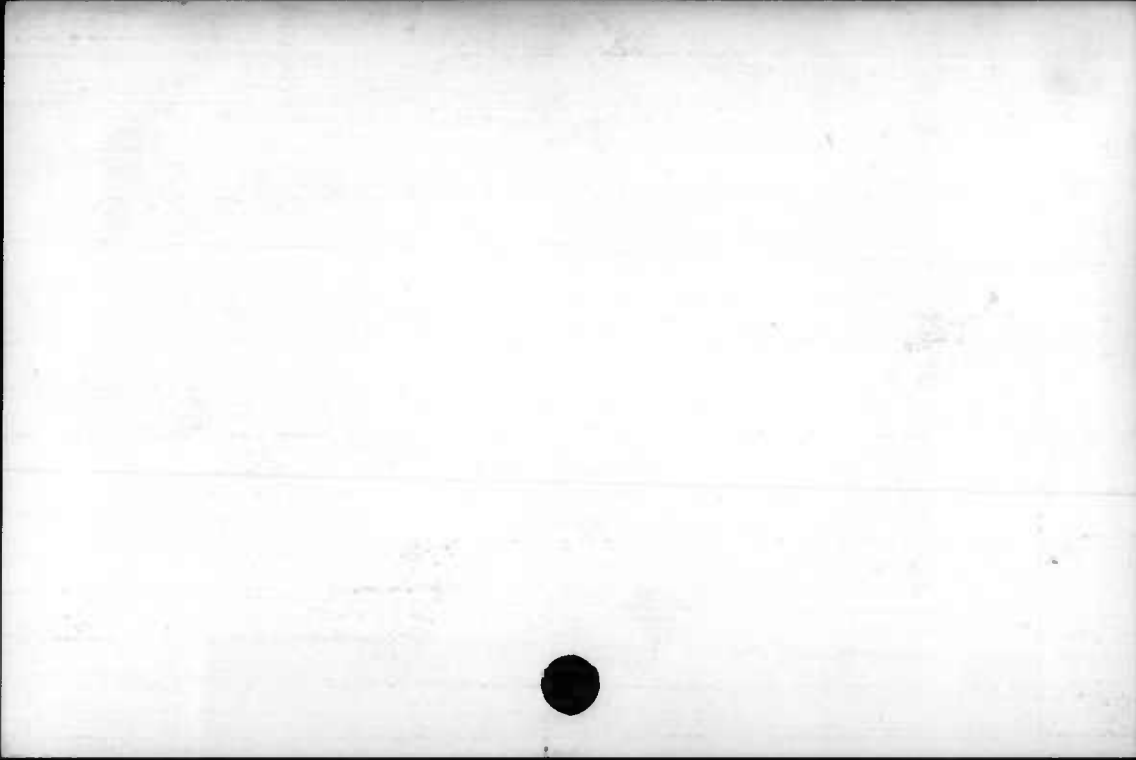
Primary *Drowning* How long

Immediate *177* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *S. J. W. W. W. M.D.*
Address *James Quater, Somerset Co., Md.*

Accident or Suicide? *Accident*



Name
in
Full

Maurice Carraw

CERTIFICATE OF DEATH

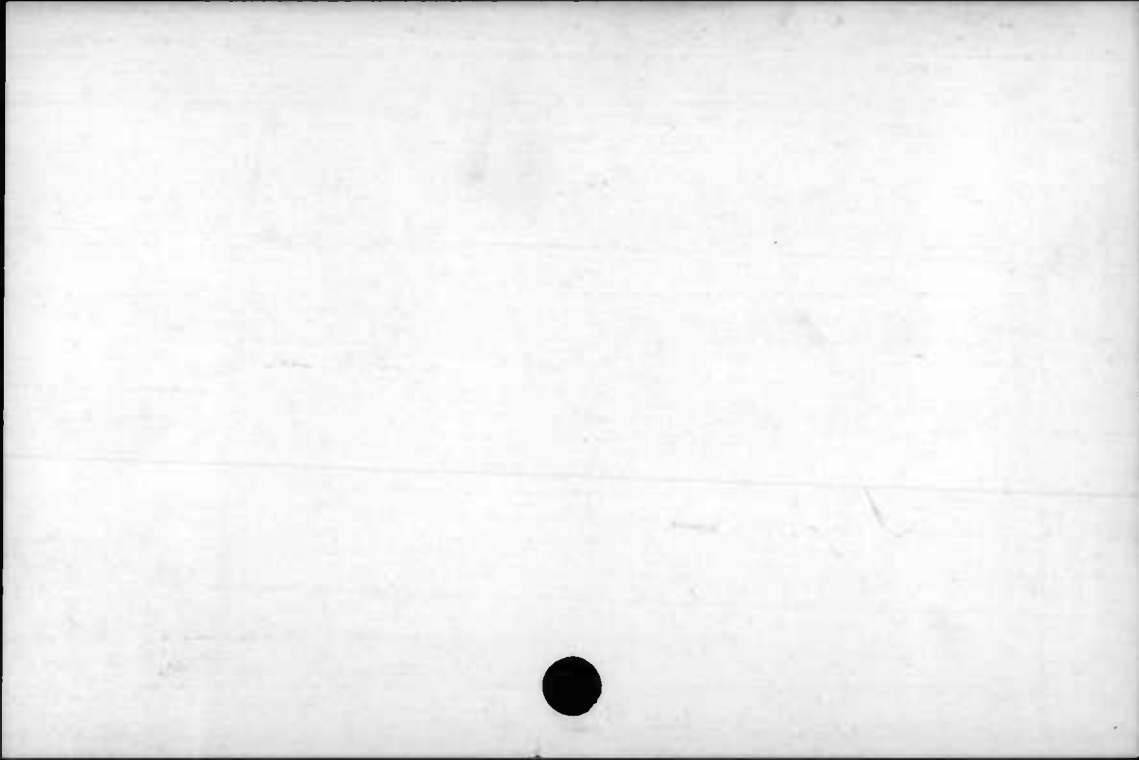
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Danvers Quarter</i>		Town <i>Southern</i>		County		MARYLAND	
Date of death <i>1905 Oct. 30th</i>		Month <i>Oct.</i>		Day <i>30th</i>		Age <i>35</i> Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Danvers Quarter</i>		Months	
Occupation <i>Cyclist Man</i>		Where Residing if not at place of death <i>Beltz, Md.</i>		Days			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessie Carraw</i>					
Father's Name <i>Thos. H. Carraw</i>		Father's Birthplace <i>Som. Co.</i>					
Mother's Maiden Name <i>A. Emily Carraw</i>		Mother's Birthplace <i>Carolin G.</i>					
Name of person giving information <i>Walter H. Carraw</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury</i>	How long	<i>10.0</i>	Immediate
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter H. Carraw</i>		
		Address <i>Danvers Quarter</i>		
Accident or Suicide?		<i>Md.</i>		



Alfred Hargis
 Town *Brinkley* County *Pocomoke* MARYLAND
 Died at
 Date 1905- *Oct. 1* Month *Oct.* Day *1* Y. *43* M. *0* D. *0* Native of *Pocomoke Co.* Occupation *Laborer*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of *Francis Hargis*
 Wife
 Father's Name *Henry H. Hargis* Mother's Maiden Name *Frances (don't know)*

Cause of Death { Primary *Tuberculosis of Kidneys* How long sick *12 months*
 Immediate *Heart Failure* *33* Accident, Suicide, Homicide

Reported by *F. M. Eccle* *Tr. L. D.*
 Address *Pocomoke* *Me.*



Name
in
Full

Rosa Harkin

CERTIFICATE OF DEATH

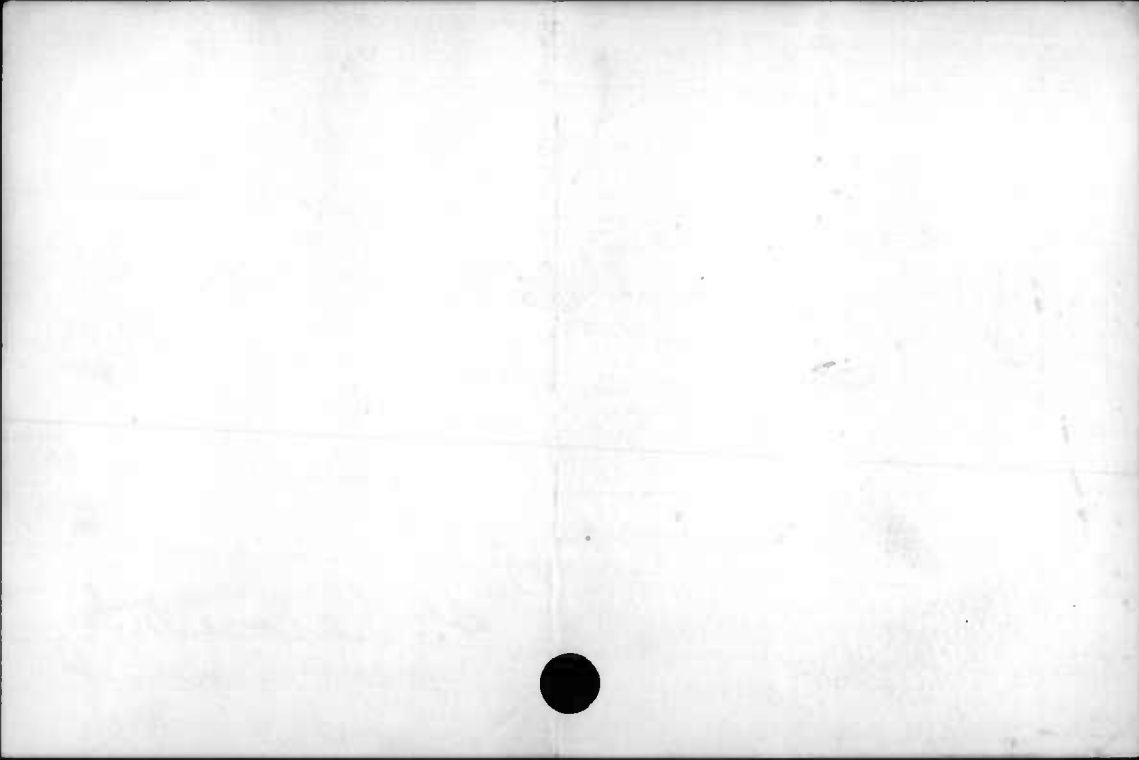
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i> Town			County <i>Somerset</i>			MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>16</i>	Age <i>24</i>	Years	Months <i>9</i>	Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Kingston</i>			
Occupation <i>House work</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>John Harkin</i>					
Father's Name <i>Elijah Sawage</i>			Father's Birthplace <i>N.A.</i>				
Mother's Maiden Name <i>Mary G. Wilkins</i>			Mother's Birthplace <i>Kingston Md.</i>				
Name of person giving Information <i>Elijah Sawage</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 or 5 yrs</i>
Immediate <i>General Weakness</i>	How long <i>several Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. Allen</i>
	Address <i>Marion Md.</i>
Accident or Suicide?	



Name
in
Full

William E. Horsey

CERTIFICATE OF DEATH

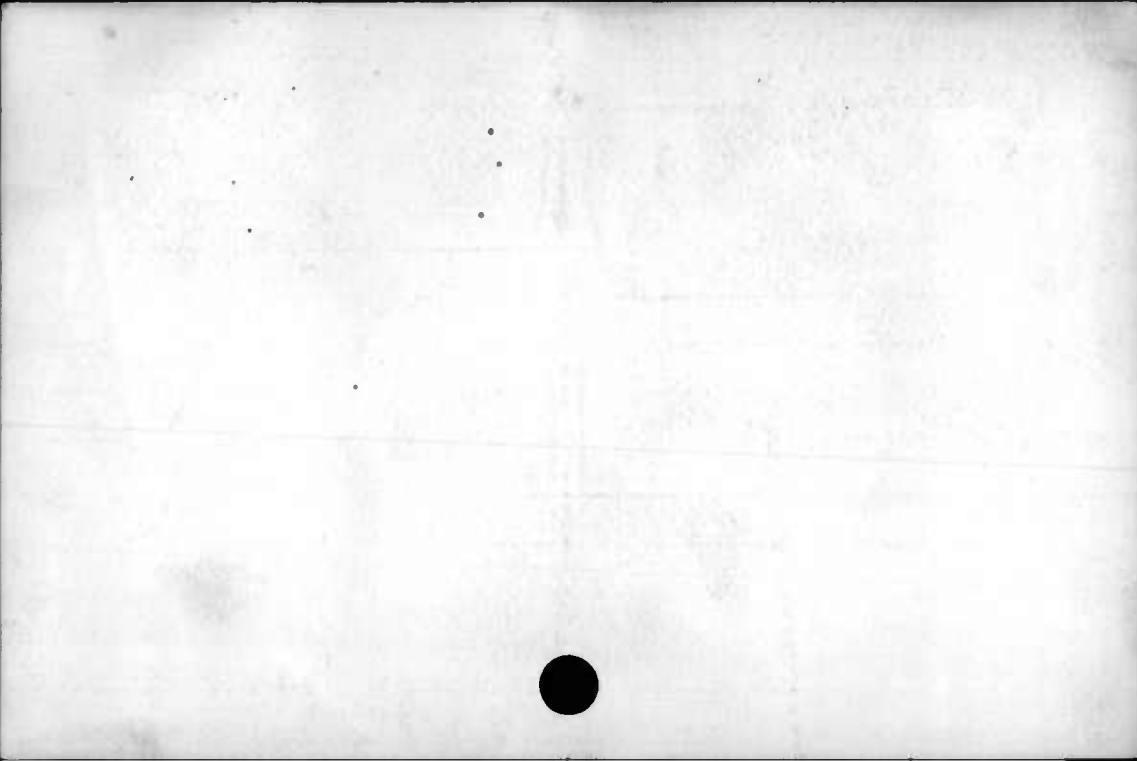
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion Station</i>		County <i>Womerset</i>		MARYLAND	
Date of death <i>28</i>	Month <i>Oct</i>	Day <i>Saturday</i>	Years <i>39</i>	Months	Days
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Marion Station</i>	
Occupation <i>merchant</i>			Where Residing If not at place of death <i>Place of death</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Elisha Horsey</i>		(2)		Father's Birthplace <i>Marion Station</i>	
Mother's Maiden Name <i>Margaret Horsey</i>				Mother's Birthplace	
Name of person giving Information <i>Elisha Horsey</i>		How related to deceased <i>Lawson's Dick</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 Years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. E. Malone M.D.</i>
<i>Yes</i>	Address <i>Upper Fairmount</i>
Accident or Suicide?	<i>Mr.</i>



Name
in
Full

CERTIFICATE OF DEATH

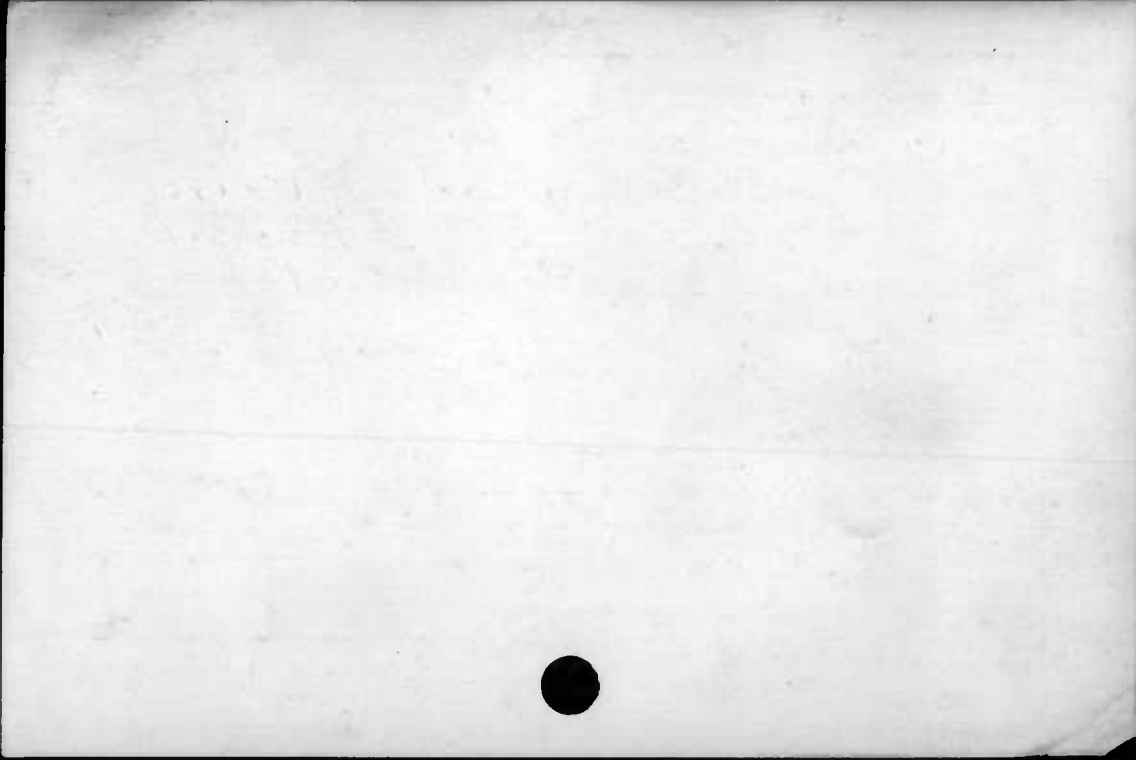
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hammonds</i> Town			<i>md</i> County			MARYLAND		
Date of death <i>1905</i>		Month <i>10</i>	Day <i>20</i>	Age <i>60</i>	Years	Months	Days	
Sex			Color or Race <i>Colored</i>		Birth-place <i>Bethesda</i>			
Occupation <i>Farming</i>			Where Residing if not at place of death <i>Hoboken</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Hitch</i>						
Father's Name <i>Henry Hitch</i>					Father's Birthplace			
Mother's Maiden Name <i>Leah Hitch</i>					Mother's Birthplace			
Name of person giving information <i>Jefferson Smith</i>					How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i> ✓	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James J. Dennis</i>
		Address <i>Undertaker</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Upper Fairmount		Somerset					
Date of death		Month	Day	Years	Months	Days	
1905		Oct	26	Age 2	3	9	
Sex		Color or Race		Birth-place			
Male		White		Upper Fairmount			
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Horatio Holland		Somerset Co					
Mother's Maiden Name		Mother's Birthplace					
Annie Beauchamp		Somerset Co					
Name of person giving information		How related to deceased					
My own knowledge							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	One week
Immediate	Peritonitis	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. E. Dickinson	
		Address	
		Upper Fairmount	
		Md.	
Accident or Suicide?			



Thos. W. Landon
Landonville
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Upshur Johnson</i>		Town <i>Princess Anne</i>		County		MARYLAND	
Died at <i>Princess Anne</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>28</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Princess Anne</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Ambrose Johnson</i>		Father's Birthplace <i>Y Conico Co</i>					
Mother's Maiden Name <i>Aspid Johnson</i>		Mother's Birthplace <i>Princess Anne</i>					
Name of person giving information <i>Ambrose Johnson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>James J. Dennis</i>		How long <i>1</i>	
Immediate <i>Under Doctor</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

m	10.00	Paint
Waters	.75	Curtains
Jenny	.75	Carpet
	1.00	tops
	.25	Shavers

\$
 Mch 21 14.75

15-
 8
 200
 2.23

Name
in
Full

Georgia L. Jones

CERTIFICATE OF DEATH

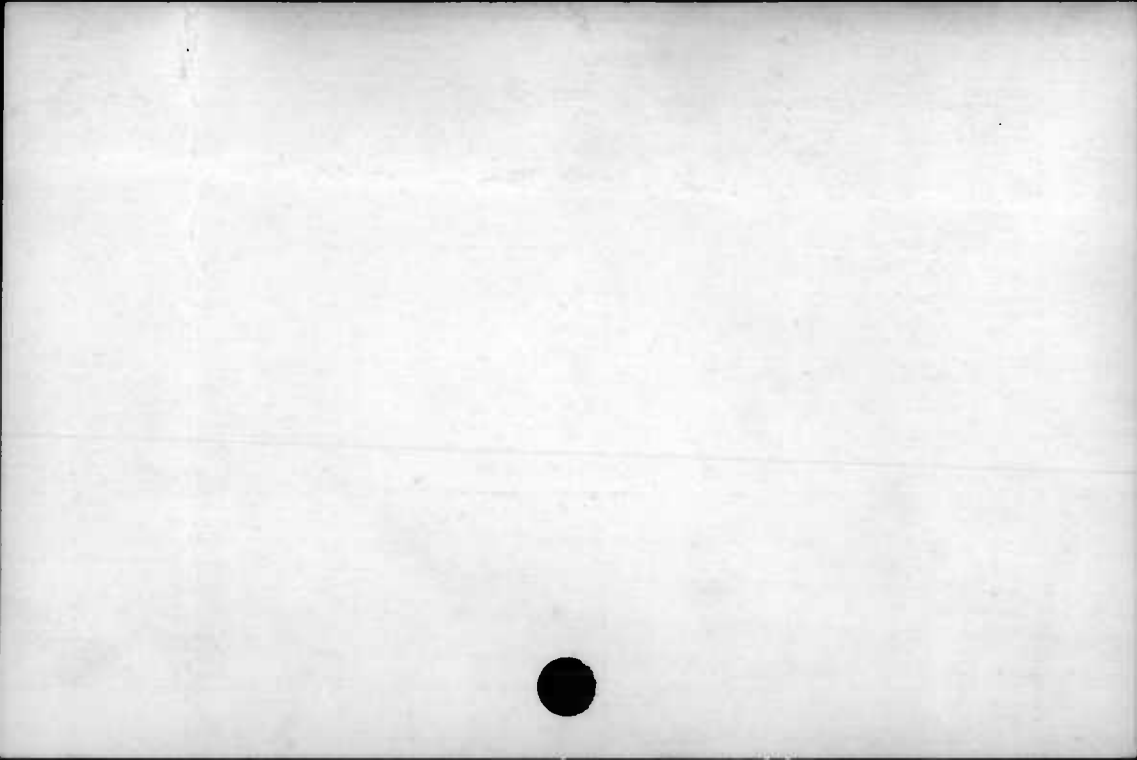
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chambers</i> Town <i>Somerset</i> County		MARYLAND	
Date of death <i>1903</i> Month <i>Oct.</i> Day <i>24th</i> Age <i>2</i> Years Months <i>9</i> Days <i>5-</i>	Sex <i>Female</i> Color or Race <i>Colored</i> Birth-place <i>Somerset G.</i>		
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Geo. W. Jones</i>	Father's Birthplace <i>Somerset G.</i>		
Mother's Maiden Name <i>Emma C. Jones</i>	Mother's Birthplace <i>Somerset G.</i>		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Windsor, M.D.</i>
<i>No</i>	Address <i>Somerset G., Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Nellie Landon

CERTIFICATE OF DEATH

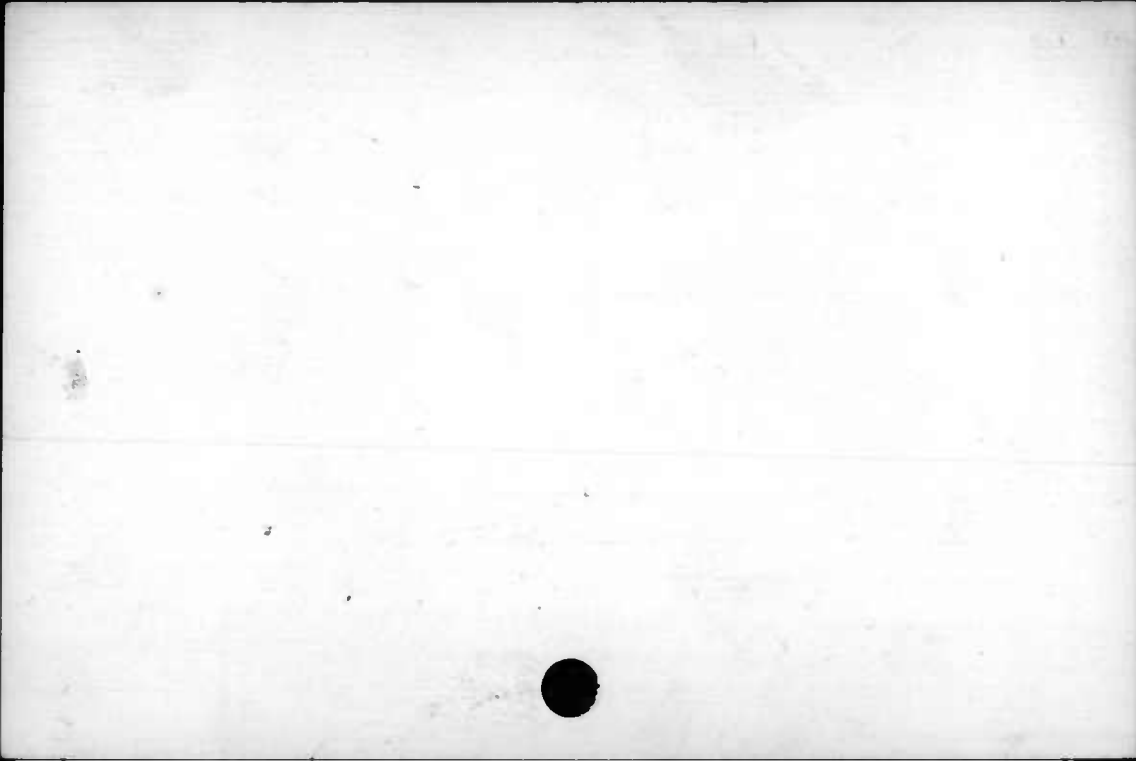
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landonville</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>90</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>doubt. Know</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Landonville, Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Doubt Know</i>			Father's Birthplace <i>doubt Know</i>		
Mother's Maiden Name <i>doubt Know</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm. A. Ford</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>two weeks</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. A. Ford Undertaker</i>
	Address <i>Landonville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

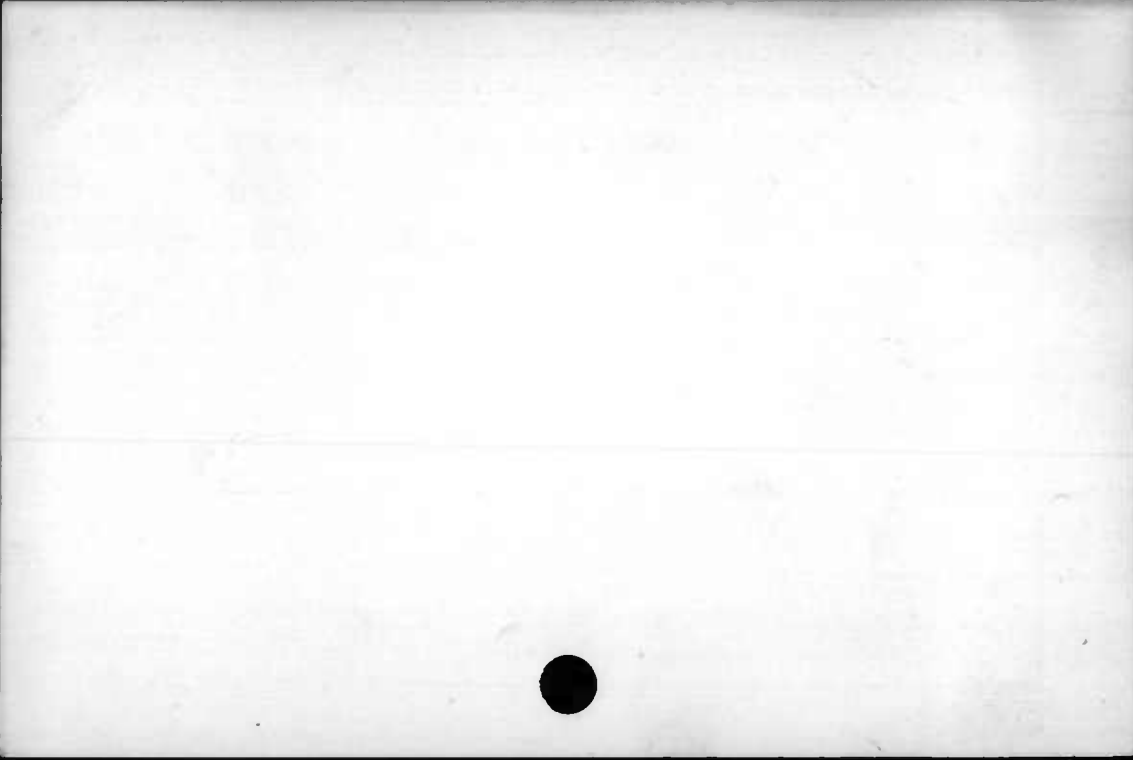
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deale Island</i>		Town <i>Severus</i>		County <i>Severus</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>October</i>	Day <i>12</i>	Age <i>40</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Phila?</i>				
Occupation <i>systemman</i>	Where Residing if not at place of death <i>With Capt. Will Wheatley</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry M. Laubford</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide? <i>Accident</i>		<i>Maryland</i>	



Name
in
Full

Hennas Maddox

CERTIFICATE OF DEATH

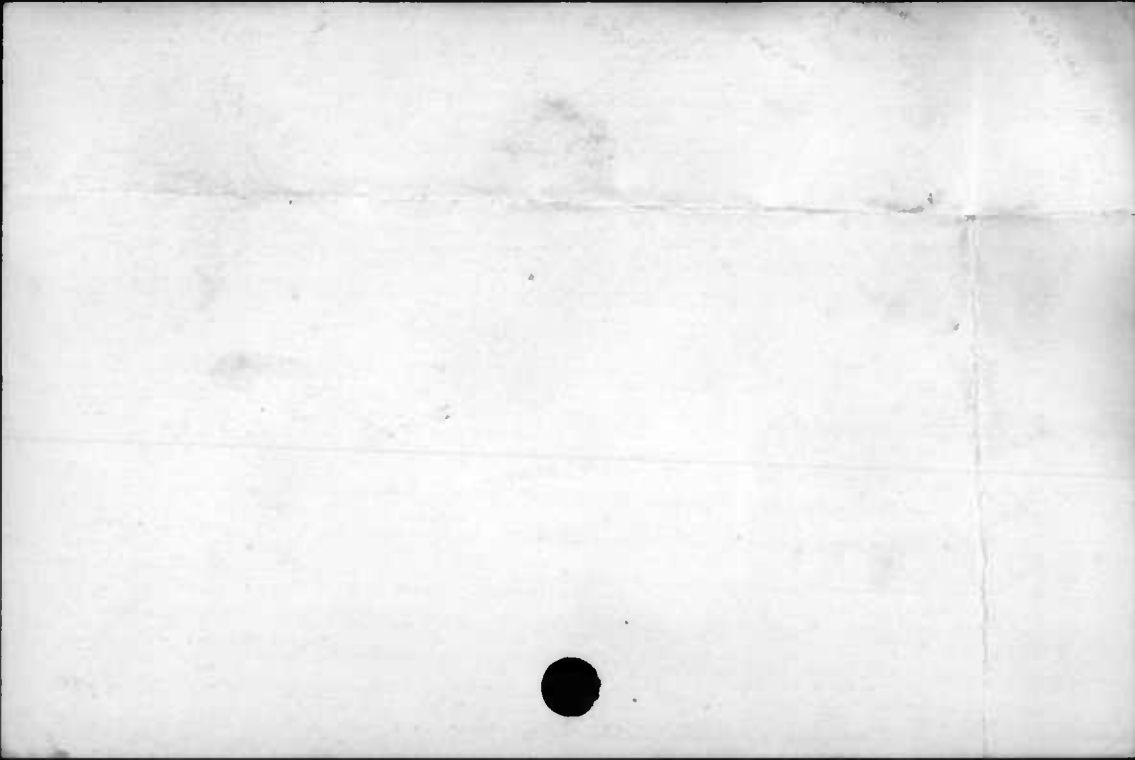
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Tammont</i>		<i>County</i> <i>Sumner</i>		MARYLAND	
Date of death	1905	Month	Oct.	Day	9
Age		71		Months	
Sex	Male	Color or Race	Blk	Birth-place	Tammont
Occupation	Laborer		Where Residing if not at place of death <i>Tammont</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Williamama Collins</i>		
Father's Name	<i>Arthur Maddox</i>		Father's Birthplace <i>Tammont</i>		
Mother's Maiden Name	<i>Jane</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>Henry Boston</i>		How related to deceased <i>✓</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Signes</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edward S. Mills, M.D.</i>
		Address	<i>Tammont</i>
Accident or Suicide?			<i>Sumner or Tammont</i>



Name
in
Full

(Not Named) Matthews (Mm)

CERTIFICATE OF DEATH

Va
MARYLAND

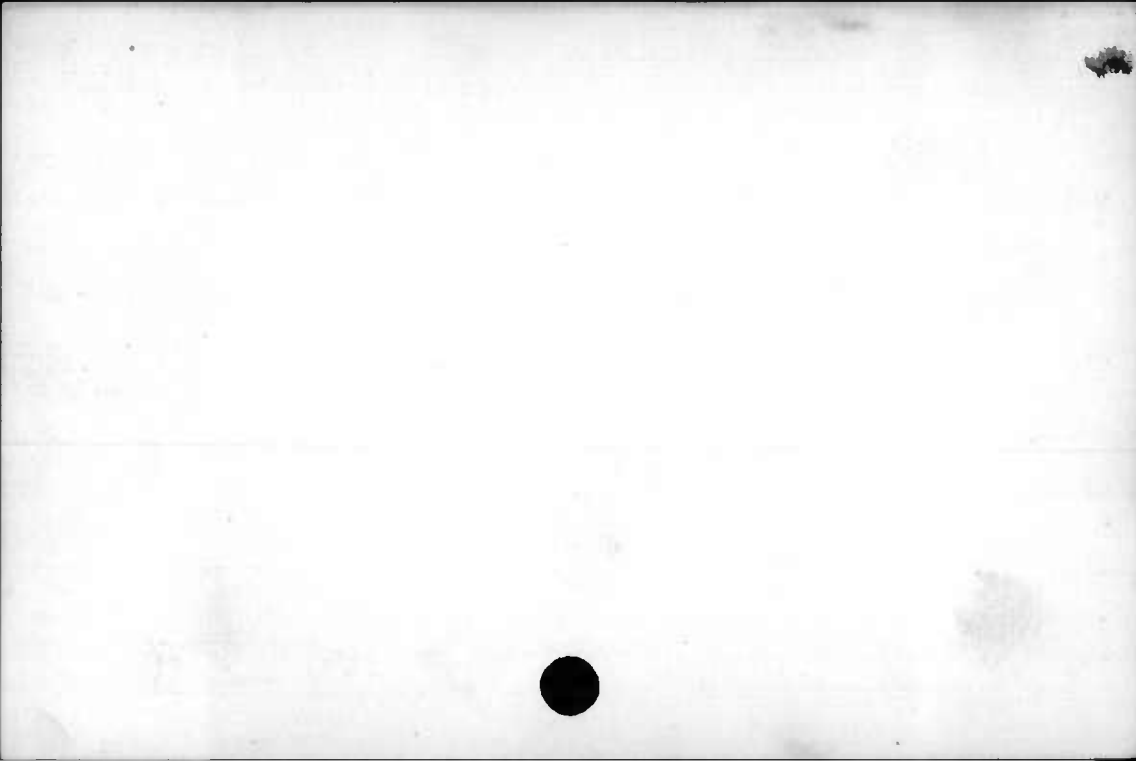
TO BE ANSWERED BY
NEAREST FRIEND

Died at Davis		County Accomack			
Date of death 1905	Month 10	Day 28	Age	Years	Months 4
Sex Male		Color or Race White		Birth-place Davis Va	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name W. H. Matthews			Father's Birthplace Somerset C. Md		
Mother's Maiden Name Francis Beebe			Mother's Birthplace " " "		
Name of person giving Information A. E. Free			How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera & Typhoid	How long	4 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. E. Free	
Address		Marion	
Accident or Suicide?		(No physician in attendance)	



Name In Full

Certificate of Death

James Hegland Melbourn 68.

Town

County

MARYLAND

Died at Smalltown Somerset.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Oct. 5

Age

26 10 0

Somerset

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Jas M. Melbourn. Harriet Washwell

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Hemorrhage of Bowel

Accident, Suicide, Homicide

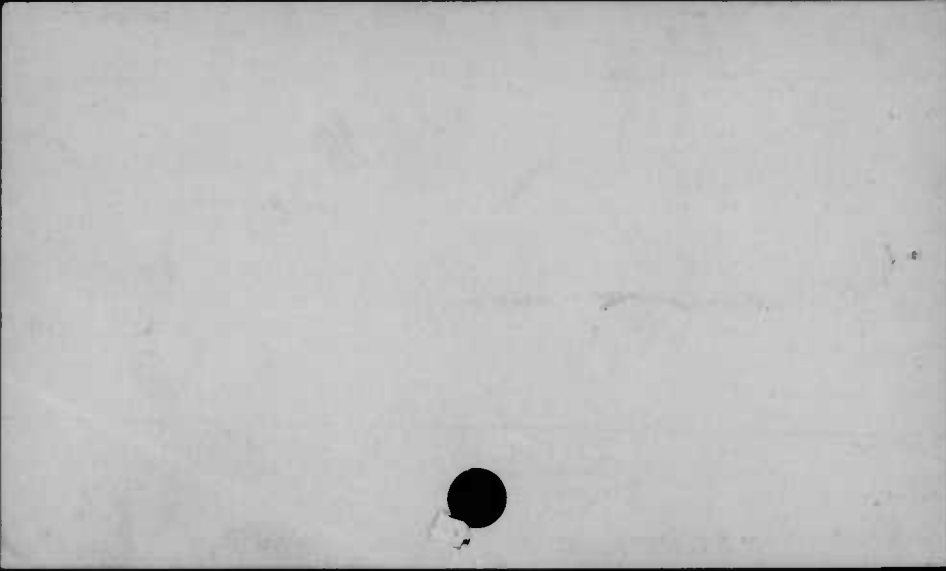
Reported by

F. M. Eccles M. D.

Address

Pocomoke - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.




Name
in
Full

Emiline Martin

CERTIFICATE OF DEATH

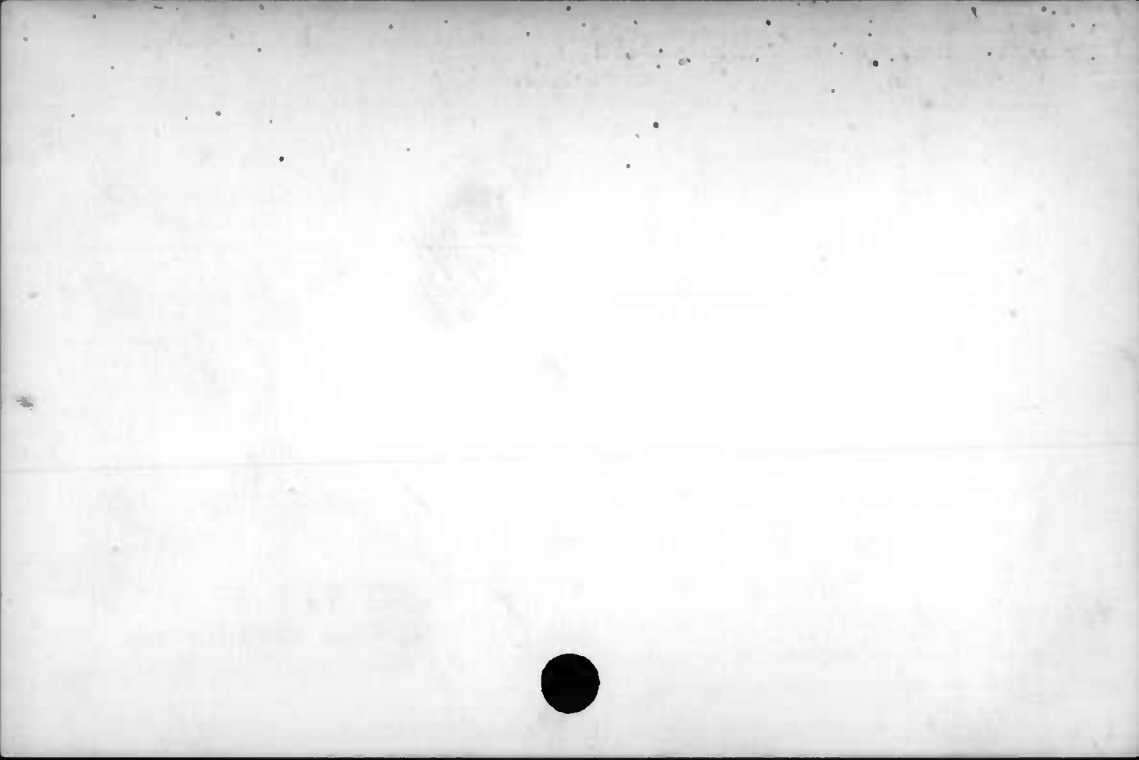
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marion</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>6</u>	Years <u>78</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co.</u>		
Occupation <u>House Work</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>William T. Martin</u>			
Father's Name <u>John Walter</u>		Father's Birthplace <u>Somerset Co.</u>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <u>R. H. Martin</u>				How related to deceased <u>Son</u>	

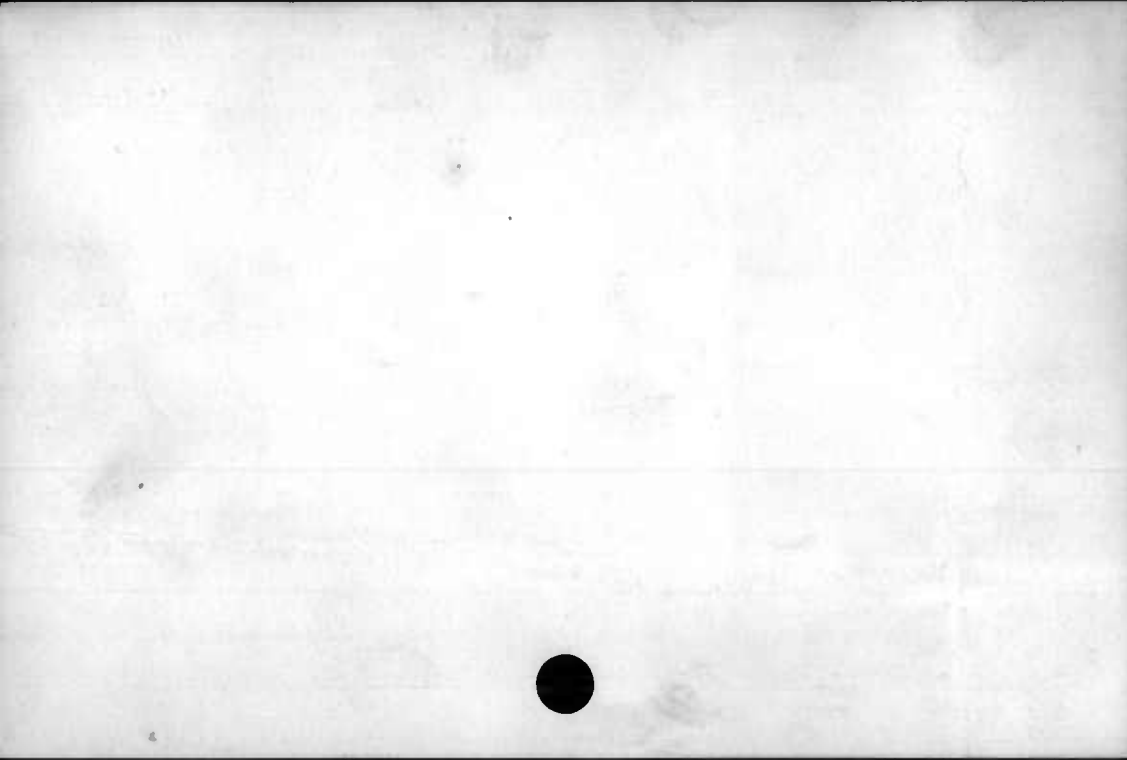
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General Weakness due to age</u>	How long
Immediate	<u>Gradual weakness & heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>L. R. B. Allen</u>
		Address <u>Marion Ind.</u>
Accident or Suicide?		



Name in Full		Informed by				Parkereson (M.M.)				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Deals Island</i>				County <i>Somerset</i>				MARYLAND					
		Date of death 190 <i>5</i>		Month <i>Oct</i> - <i>28</i>		Day <i>—</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
		Sex <i>—</i>				Color or Race <i>White</i>				Birth-place <i>Somerset Co</i>					
		Married, Single or Widowed <i>—</i>				Occupation <i>—</i>									
		Name of Wife or Husband <i>—</i>													
		Father's Name <i>Johnie Parkereson</i>				Father's Birthplace <i>Somerset Co</i>									
		Mother's Maiden Name <i>Ella Parkereson</i>				Mother's Birthplace <i>Somerset Co</i>									
PHYSICIAN OR CORONER		Name of person giving information <i>—</i>				How related to deceased <i>—</i>									
		CAUSES OF DEATH													
		Primary <i>Craniotomy</i>				How long <i>—</i>									
		Immediate <i>—</i>				How long <i>—</i>									
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. H. Alexander</i>									
						Address <i>Somerset Co.</i>									
		Accident or Suicide? <i>no</i>													



Name
in
Full

CERTIFICATE OF DEATH

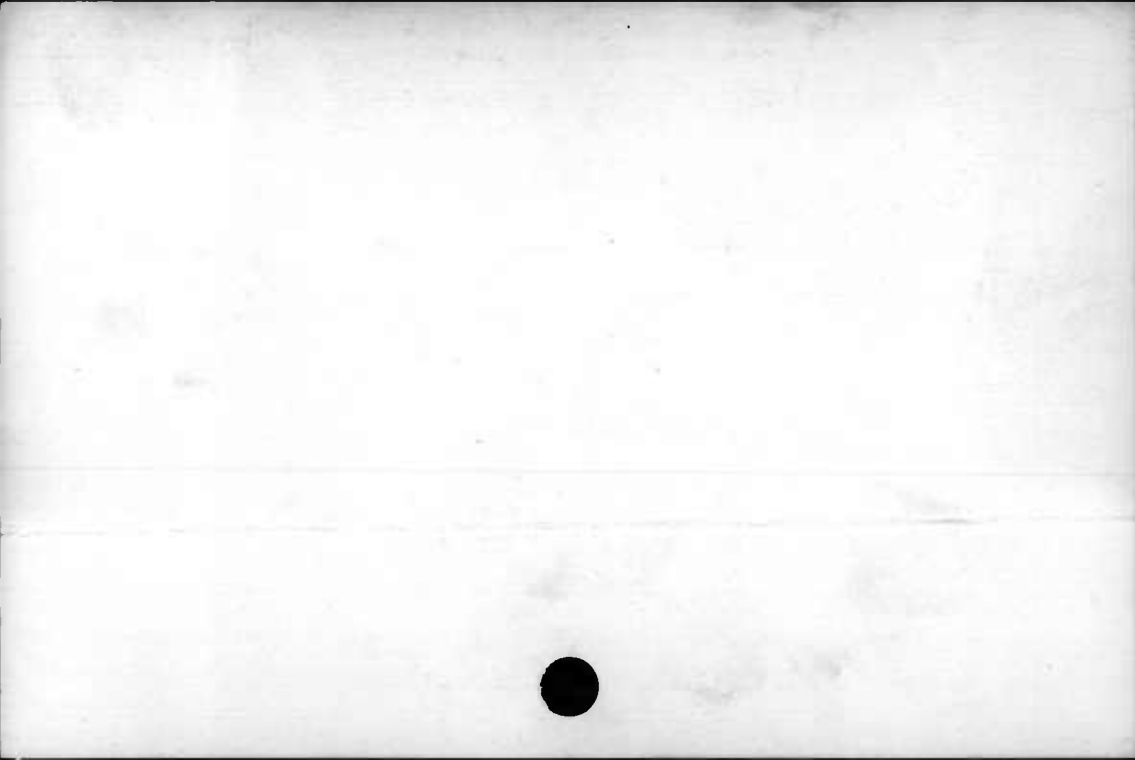
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah N. Pusey</i>		Town <i>Green Hill</i>		County <i>Summit</i>		MARYLAND	
Died at <i>Green Hill</i>		Date of death <i>1905 Oct 18</i>		Age <i>53</i>		Months <i>4</i> Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Sum. Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>L. N. Pusey</i>					
Father's Name <i>Wm D. Harrison</i>		Mother's Maiden Name <i>Cindrella Baurdett</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Mrs S. A. Anderson</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Asphyxiation</i>	How long <i>20 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>S. Milner</i>
	Address <i>Beauvoir City</i>
Accident or Suicide? <i>r</i>	



Name
in
Full

Albert Smith

CERTIFICATE OF DEATH

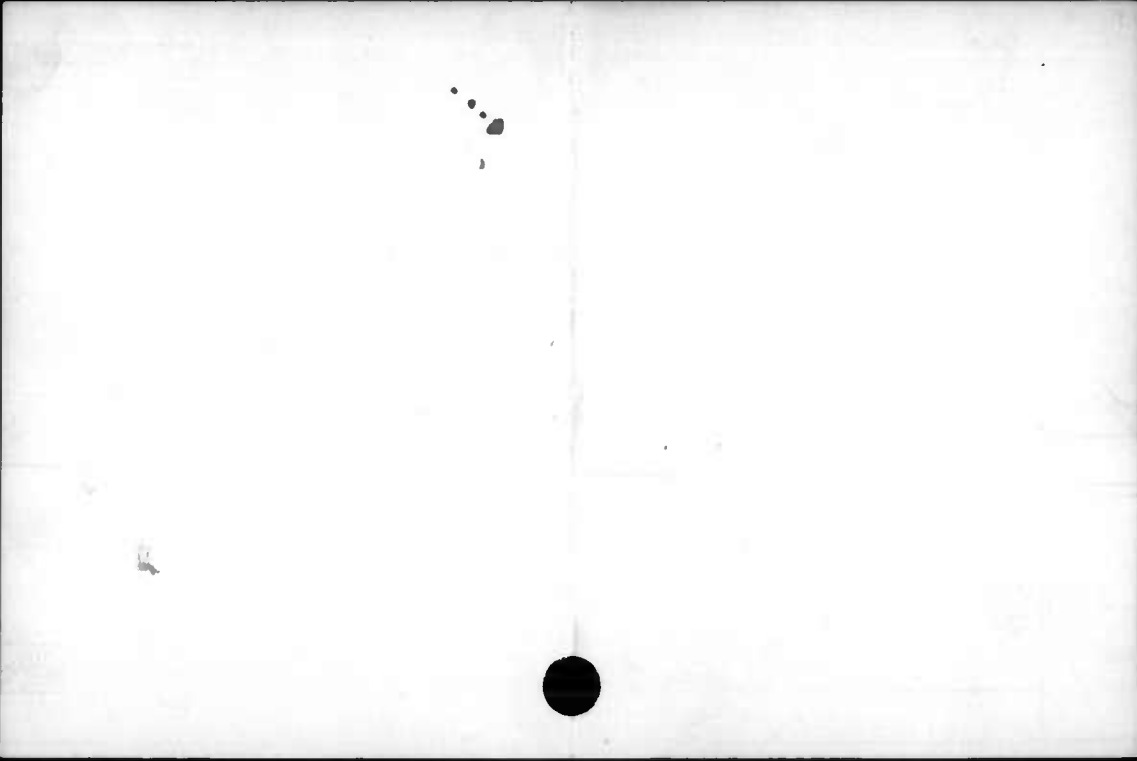
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Manokin</u> ^{Town}		<u>Som.</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>12</u>	Age <u>18</u>	Months <u>7</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>bol.</u>		Birth-place <u>Manokin</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Albert Smith</u>			Father's Birthplace		
Mother's Maiden Name <u>Williamena</u>			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 yrs</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. W. Gille</u>	
		Address <u>Manokin, Md</u>	
Accident or Suicide?			



Name
in
Full

Susan Sterling

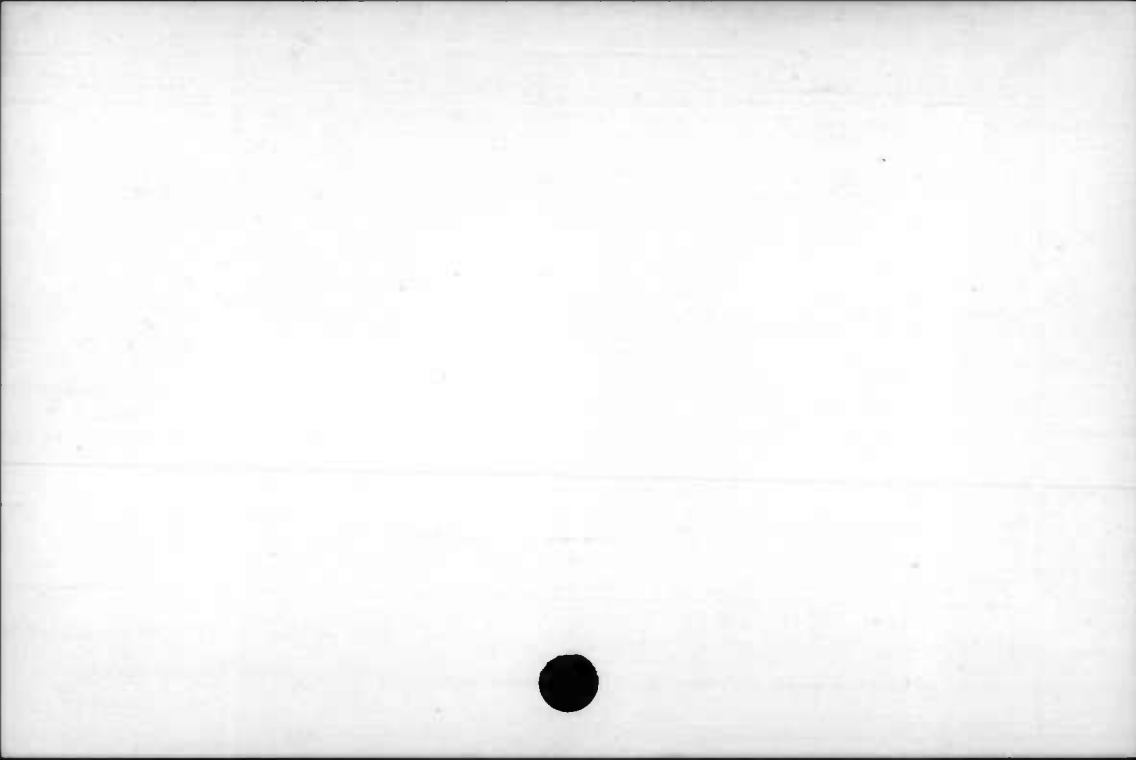
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bedworth</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1905	Month <i>Oct</i>	Day <i>11</i>	Age	Years <i>56</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Virginia</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Husband	<i>Purnell Sterling</i>			
Father's Name	<i>Gabriel Hughes</i>				Father's Birthplace	<i>N.Y.</i>	
Mother's Maiden Name	—				Mother's Birthplace	—	
Name of person giving Information	—				How related to deceased	—	

CAUSES OF DEATH

Primary	<i>Cancer of Liver</i>		How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. F. Hall</i>	
<i>yes</i>		Address	<i>Crifield Md</i>	
Accident or Suicide?				



Name
in
Full

Emma Stewart

CERTIFICATE OF DEATH

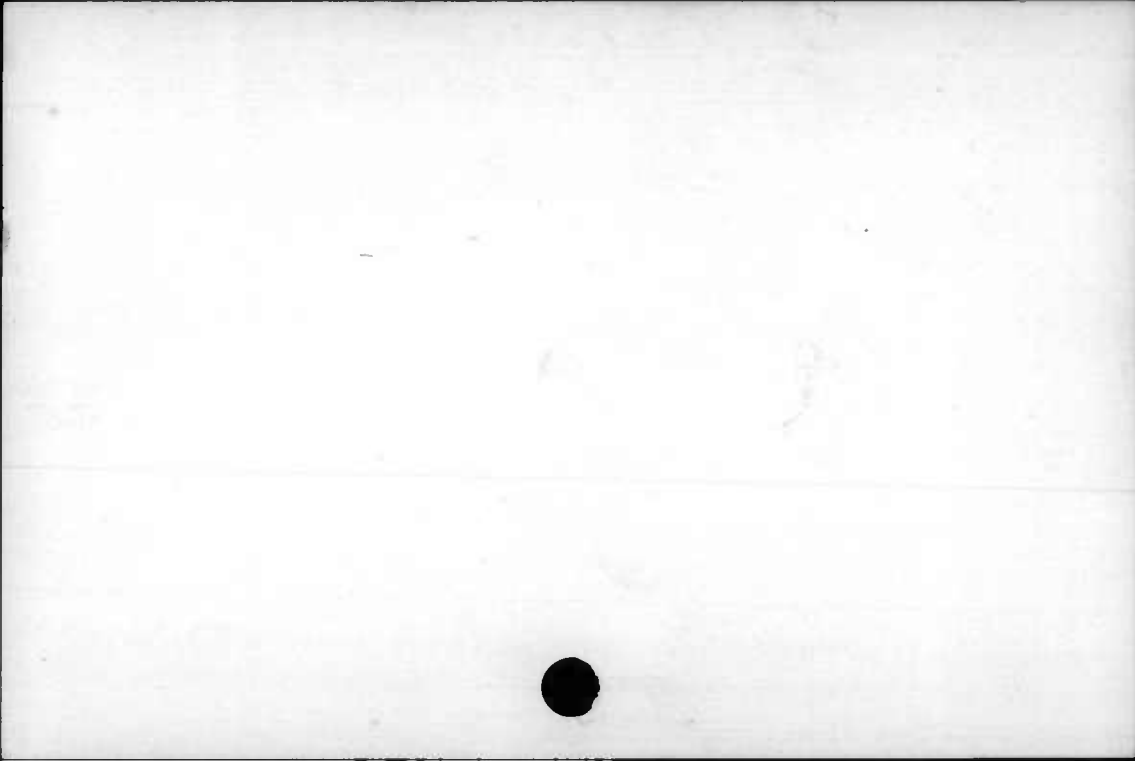
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i>		Town		<i>Somerset</i>		County	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>21</i>		Years <i>44</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Stewart</i>		Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Ed D. Waters</i>		How related to deceased <i>Cousin</i>		How long <i>One year</i>		How long <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Wm Washington Waller

CERTIFICATE OF DEATH

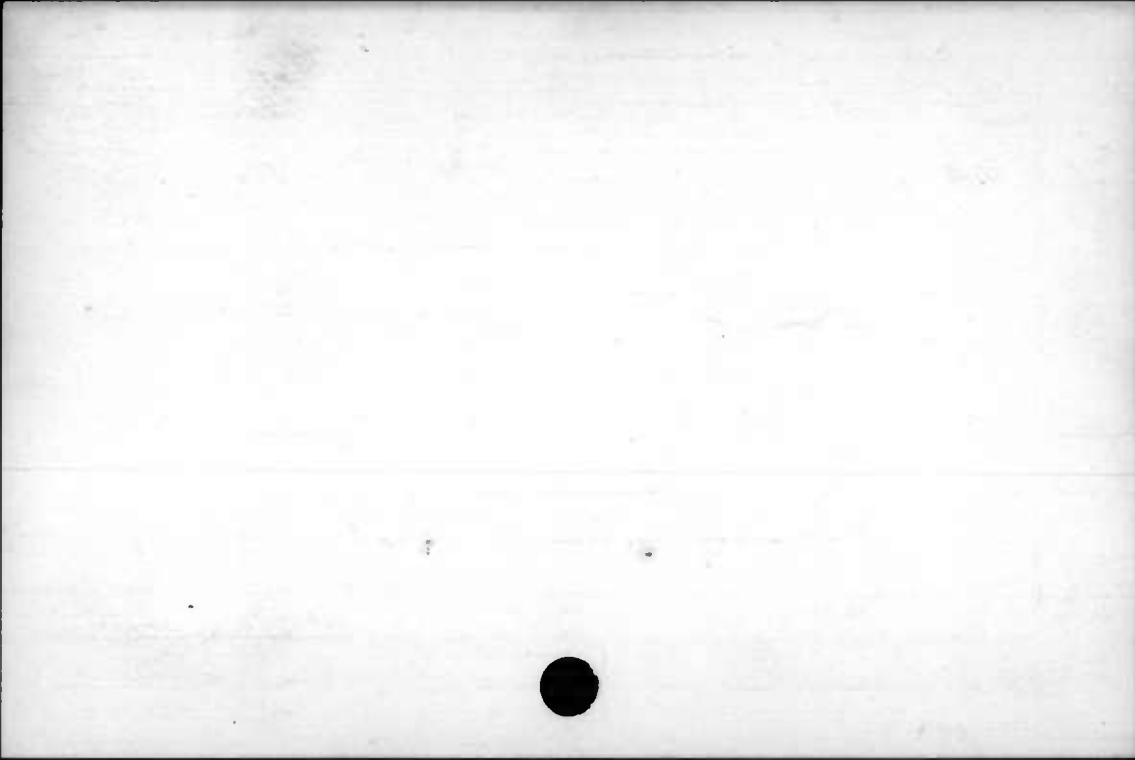
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monie</i>		Town <i>Monie</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>26</i>	Age <i>80</i>	Years <i>80</i>	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Monie</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Monie</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Mary H. Jones</i>				
Father's Name <i>George B. Waller</i>			Father's Birthplace <i>Monie</i>				
Mother's Maiden Name <i>Ellenora Reid</i>			Mother's Birthplace <i>Gingawkin</i>				
Name of person giving information <i>Robert J. Waller</i>			How related to deceased <i>Nephew.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>1 Year</i>
Immediate <i>Uraemic Poison</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. W. Dawkins</i>
	Address <i>Monie, Ind.</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

Sallie White

CERTIFICATE OF DEATH

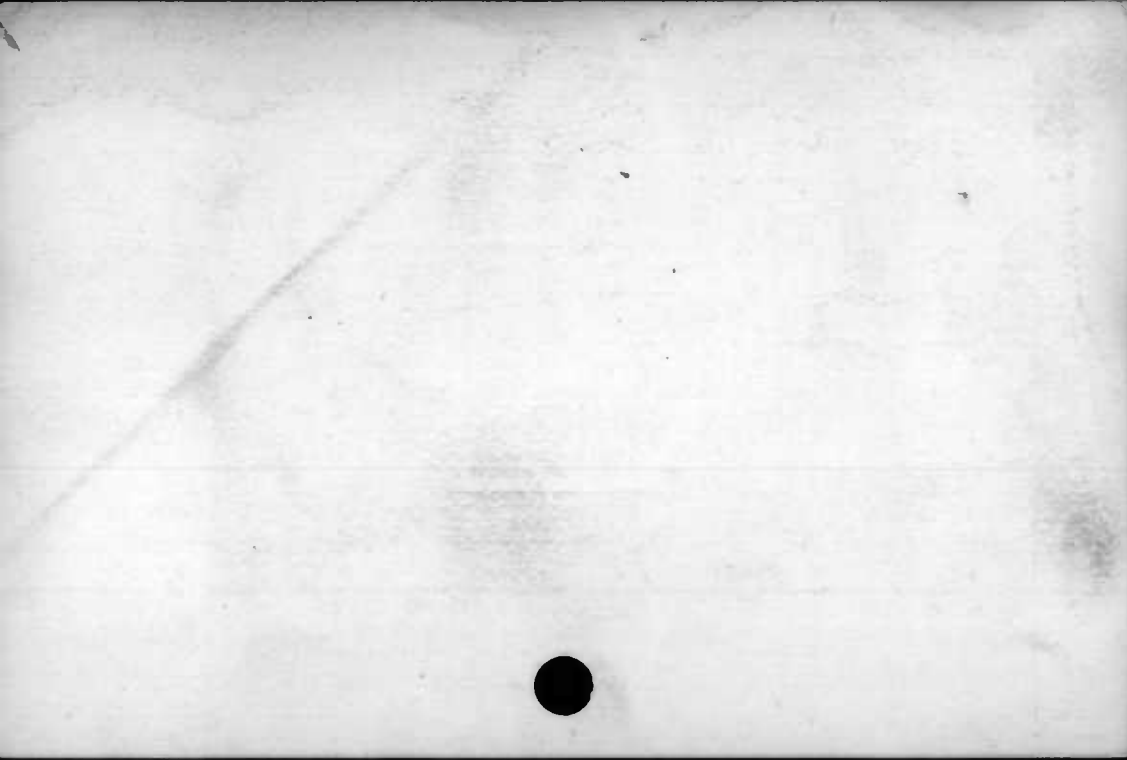
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	Oct	Day	27	Age	23
Sex		Female		Color or Race		Colored	
Occupation		Laborer		Where Residing if not at place of death		Princess Anne	
Married, Single or Widowed		Single		Name of Wife or Husband		Joseph White	
Father's Name		Arnold Smith		Father's Birthplace		Morris	
Mother's Maiden Name		Kathleen Smith		Mother's Birthplace		Morris	
Name of person giving information		Joseph White		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	27 12 mos
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		James J. Dennis	
		Undertaker	
Accident or Suicide?			



Name
in
Full

Laura Wilson


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landanville</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Dec</i> <small>Month</small>	<i>12th</i> <small>Day</small>	Age <i>72</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>George Wilson</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>			Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>	Name of person giving Information <i>Abigail Waters</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address 
Accident or Suicide? <i>—</i>	

